



Annual Plan Overview

2015/16



OUR VISION

“Healthy People, Healthy Families, Healthy Communities”

Hutt Valley DHB continues to strive for excellence in ourselves as individuals and collectively as an organisation.

We expect it of the services we provide, the way we treat each other, the systems we put in place and the achievements we make.

MESSAGE FROM HUTT VALLEY DHB BOARD CHAIR & DEPUTY CHAIR

We are pleased to present the Hutt Valley District Health Board Annual Plan Overview for the 2015/2016 year. The plan outlines our performance intentions for the next year to Parliament, the Minister of Health, and the public. Our plan focuses on local, regional and national priorities to improve the health of our population, and sits within the New Zealand Triple Aim of improved quality, safety, and experience of care; improved health and equity for all populations; and, best value for public health system resources

We work in partnership with Primary Health Organisations, medical practices, community health providers, support groups, aged residential care and NGOs to support healthy lifestyles, improve population health and care for those who are sick. We are also an active partner in cross-agency initiatives such as Whānau Ora, the Children’s Action Plan, and Youth Mental Health. This year will see significant efforts to bring services ‘closer to home’ for patients, with outreach Plastics clinics established, shared care records in primary care established, and various shared DHB/PHO projects to support patient’s health ‘in the right bed’ – preferably their own. Implementation of the Pacific and Māori Health Plans will see better collection and recording of data to support projects which further reduce in the gap in health equity.

Acknowledging the value of improvement work by individuals and teams is important and we will be working alongside our key unions to ensure staff are engaged, recognised, and listened to. Clinical engagement is critical. Regular clinical forums and clinical input into service development is an essential part of our engagement strategy. Our professional heads, clinical directors and clinical leaders play a key role in decision making and service development. We encourage innovation and practice improvement to benefit our combined populations. Our annual local Nursing and Midwifery Awards, the Allied Health, Technical & Scientific Awards, and the Quality Awards celebrate innovation and recognise the achievements of staff across the DHBs. The on-going commitment to training our workforce; both present and future, remains a key driver to our success. We continue to encourage innovation and practice improvement to benefit our combined populations.

The gains we seek in efficiency, purchasing, productivity, and quality in our operation and service delivery rely on an engaged and enthusiastic workforce that understands both their own business and the bigger picture of health service delivery. To foster this, we will be focusing this year on developing situational awareness in our staff, hearing what people say, capability development, organisational resilience, positive relationships with our partners in health care, and engaging with our community.

This Annual Plan demonstrates that our DHB is committed to the delivery of national and regional programmes. We remain focused on improving our performance, meeting national targets, living within our means, and, most importantly, ensuring the on-going delivery of effective and integrated health services for our communities.

Virginia Hope, Board Chair

Wayne Guppy, Board Deputy Chair

OUR POPULATION

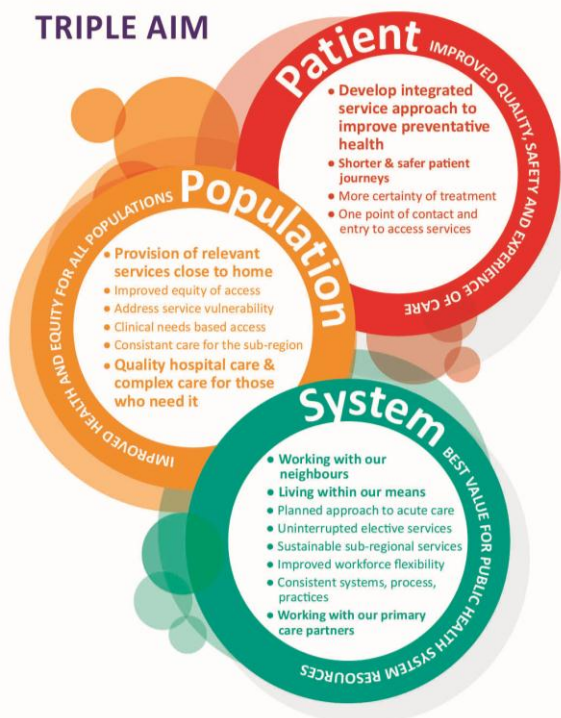
It is essential that we understand our population so that we can design and deliver the most appropriate services. Our DHB provides services for 138,370 people ('usually resident population') and covers two local authorities: Lower Hutt City (98,200), Upper Hutt City (40,180). We have a diverse community; ethnicity is a strong indicator of need and demand for our health services, so we consider the unique health needs of different population groups in our planning for the future. Reducing disparity based on ethnicity is essential for creating a fair health system. Seventeen percent of our population identify as Māori (24,060), and 7% identify as Pacific. Our Māori and Pacific populations are younger and have higher fertility rates. Our local population is projected to increase by 3% (3,740 people) over the next ten years, which is largely driven by an increase in middle-aged and older people. By 2033 we anticipate that at least one in five people in the sub-region will be older than 65 years and the population over 85 will have doubled; at the same time, the number of children and young people will decline.

QUALITY - AT THE HEART OF WHAT WE DO

We continue to strive for the highest quality health and wellbeing services for our local population. We develop, review, and update our plans under the lens of the 'Triple Aim' - an international healthcare improvement strategy that outlines a plan for better healthcare systems by pursuing three aims: improving patients' experience of care, improving the overall health of a population, and reducing the per-capita cost of health care. Integration enables delivery of each of these aims. In New Zealand this policy has been adapted by the Health Quality & Safety Commission, who works alongside District Health Boards to support us in maintaining a strong quality improvement focus.

We have a strong, positive culture of continuously improving the quality and safety of the services we provide. Our quality goals are underpinned by working together at all levels of our DHB to achieve patient centred care, openness and transparency, learning from error or harm and ensuring that the contributions of staff for quality improvement and innovation are truly valued. Our clinical and corporate governance framework ensures that systems are in place to guarantee the Board, clinicians, and managers share responsibility, and are held accountable, for patient care and minimising risks whilst continuously monitoring and improving the quality of clinical care. Working together with our neighbouring DHBs is important to protect and develop the quality and safety of our services.

TRIPLE AIM



SUB REGION COMBINED GOAL

- Provision of relevant services close to home
- Develop integrated service approach to improve preventative health
- Quality hospital care and complex care for those who need it

GOVERNMENT GOALS

- New Zealanders live longer, healthier and more independent lives
- New Zealand's economic growth is supported


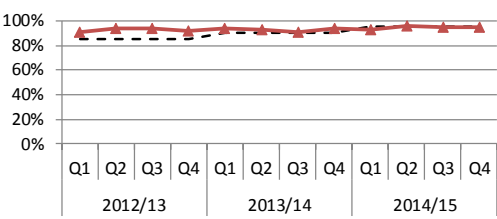

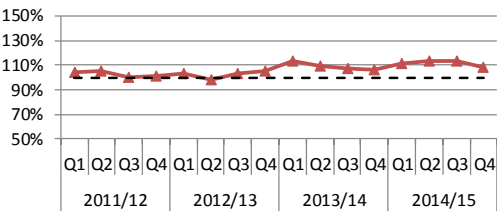

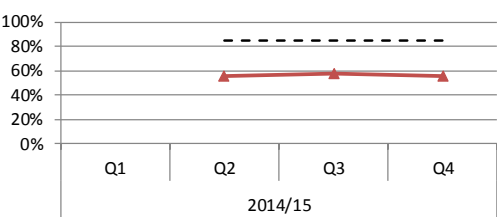

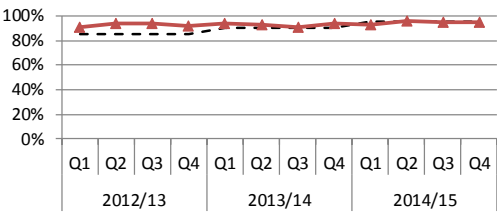

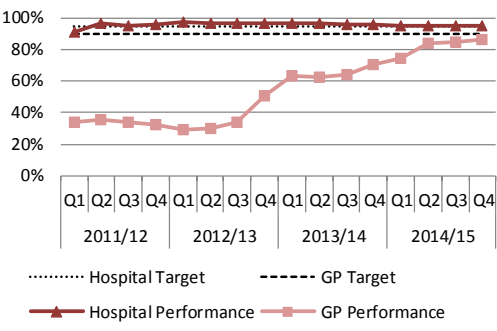

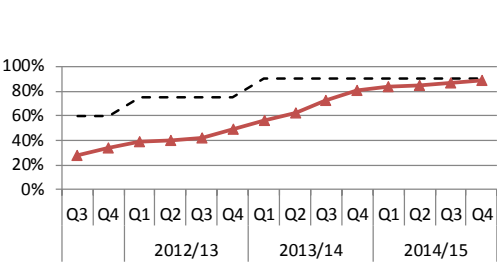
HQSC INDICATORS

- Effectiveness
- Patient experience
- Access
- Efficiency
- Safety
- Equity

HEALTH TARGETS

Health targets are a set of national performance measures specifically designed to improve the performance of our health services that reflect both public and government priorities. The impact that health targets make can be measured to see how they are improving health for our local population. Health targets are reviewed annually to ensure that they align with current health priorities and issues. The first three targets focus on patient access to services, and the last three focus on prevention, or, keeping people well.

--- Target —▲— Performance

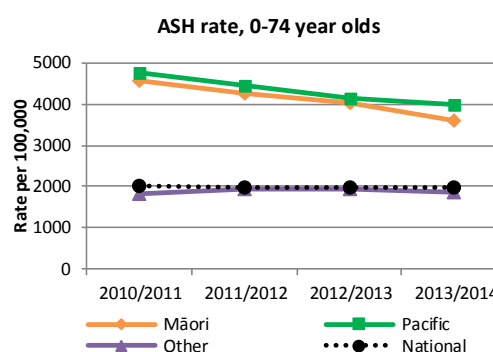
 <p>Shorter stays in Emergency Departments</p>	<p>95% of our patients will be admitted, discharged, or transferred from an emergency department (ED) within six hours of their arrival. This target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals and home again.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for shorter stays in emergency departments. The y-axis ranges from 0% to 100%. The x-axis shows quarters Q1, Q2, Q3, Q4 for the years 2012/13, 2013/14, and 2014/15. Performance is consistently above the target, fluctuating between approximately 85% and 95%.</p>
 <p>Improved access to Elective Surgery</p>	<p>Nationally the volume of elective surgery will be increased by at least 4000 discharges per year. We have negotiated a local target taking into consideration the health needs of our community. Elective surgery operations improve quality of life for patients suffering from significant medical conditions but that can be delayed because surgery is not required immediately.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for improved access to elective surgery. The y-axis ranges from 50% to 150%. The x-axis shows quarters Q1, Q2, Q3, Q4 for the years 2011/12, 2012/13, 2013/14, and 2014/15. Performance is consistently above the target, fluctuating between approximately 100% and 120%.</p>
 <p>Faster Cancer Treatment</p>	<p>85% of our patients will receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks - by July 2016; this will increase to 90% by June 2017. This target has a whole of cancer pathway approach, covering all tests and investigations needed to confirm a diagnosis, as well as all forms of treatment including surgery.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for faster cancer treatment. The y-axis ranges from 0% to 100%. The x-axis shows quarters Q1, Q2, Q3, Q4 for the year 2014/15. Performance is consistently below the target, fluctuating between approximately 55% and 60%.</p>
 <p>Increased Immunisation</p>	<p>95% of infants aged eight-months will have completed their primary course of immunisation (six weeks, three months and five months immunisation events) on time. Immunisation can prevent a number of diseases. It not only provides individual protection but also population-wide protection by reducing the incidence of infectious diseases and preventing spread to vulnerable people.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for increased immunisation. The y-axis ranges from 0% to 100%. The x-axis shows quarters Q1, Q2, Q3, Q4 for the years 2012/13, 2013/14, and 2014/15. Performance is consistently above the target, fluctuating between approximately 85% and 95%.</p>
 <p>Better help for Smokers to Quit</p>	<p>95% of hospitalised patients who smoke and are seen by a health practitioner in public hospitals and 90% of enrolled patients who smoke and are seen by a health practitioner in general practice are offered brief advice and support to quit smoking. This target is designed to prompt providers to routinely ask about smoking status as a clinical 'vital sign' and then to provide brief advice and offer quit support to current smokers. There is strong evidence that brief advice is effective at prompting quit attempts and long-term quit success.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for better help for smokers to quit. The y-axis ranges from 0% to 100%. The x-axis shows quarters Q1, Q2, Q3, Q4 for the years 2011/12, 2012/13, 2013/14, and 2014/15. Performance is consistently below the target, fluctuating between approximately 30% and 85%.</p>
 <p>More Heart and Diabetes Checks</p>	<p>90% of the eligible population will have had their cardiovascular risk assessed in the last five years. Long-term conditions are a major health burden for New Zealand now and into the foreseeable future. Cardiovascular disease and diabetes are the leading causes of morbidity in New Zealand, and disproportionately affect Māori, Pacific and South Asian peoples. As the population ages and lifestyles change, the prevalence of these conditions is likely to increase significantly. By providing heart and diabetes checks, we can help people to prevent or delay the onset of these conditions.</p>	 <p>Line graph showing performance (red line with triangles) against a target (dashed line) for more heart and diabetes checks. The y-axis ranges from 0% to 100%. The x-axis shows quarters Q3, Q4 for 2012/13, Q1, Q2, Q3, Q4 for 2013/14, and Q1, Q2, Q3, Q4 for 2014/15. Performance is consistently below the target, fluctuating between approximately 30% and 85%.</p>

OTHER IMPORTANT MEASURES

HOSPITAL ADMISSIONS THAT ARE POTENTIALLY AVOIDABLE (ASH)

Demand for secondary care services is driven by many health conditions for which earlier identification and treatment can prevent hospital admissions. The sub-region's leading causes of these types of admissions – called Ambulatory Sensitive Hospitalisations (ASH) – are cellulitis, dental conditions, gastroenteritis, angina and chest pain, and pneumonia.

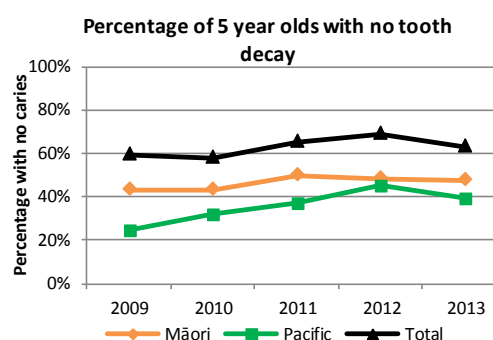
The ASH rate in Hutt Valley DHB is higher than national. ASH rates for Māori and Pacific have decreased, but are still higher than other ethnicities. We aim to reduce these 'potentially avoidable' ASH admissions, and thereby reduce hospital demand, through a variety of primary care initiatives.



ORAL HEALTH IN CHILDREN

Dental conditions are the top cause of avoidable admission for children, and account for one in four ASH admissions in the sub-region. Children's oral health is a particular issue in Hutt Valley DHB, with higher admission rates than national; we also have persistent Māori and Pacific inequalities in oral health. Despite notable overall improvements in oral health over the last half century, tooth decay also remains a significant chronic disease in adults.

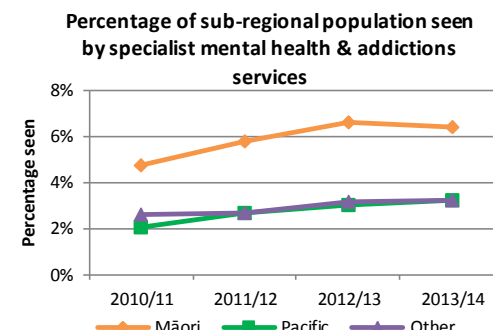
Early access to health advice, information, and oral health service can improve outcomes for children. The 'Bee Healthy Regional Dental Service' provides oral health care for children in our sub-region. The service is community-based, provides for all children aged under 18 years, and examines around 43,000 children per year across the three DHBs.



MENTAL HEALTH SERVICE ACCESS

Good mental health is an essential part of a person's overall health and well-being, unfortunately mental illness remains one of the leading causes of disability in New Zealand. Effects are most often of a relatively mild and short-term nature, but if left untreated an illness can become more serious with significant long-term impacts on a person's life.

The NZ Mental Health Survey¹ estimates that in our sub-region, 60,000 adults aged 16 years or over (15%) will experience mental health and addiction issues during the 2015/16 year. The disproportionately high percentage of Māori using specialist mental health and addiction services in the three DHBs reflects the particularly high and complex needs of this population.

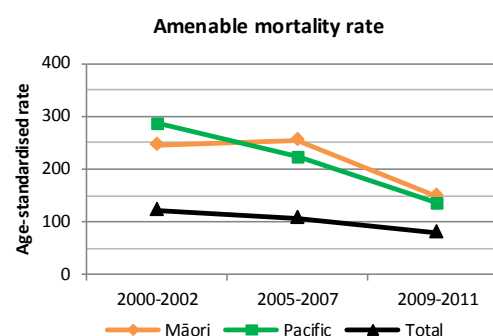


REDUCING INEQUITY

Improving Māori and Pacific Health outcomes continues to be a priority for our DHB, including improving outcomes for those with disabilities. Hutt Valley DHB is progressing work towards reducing inequity in Māori health outcomes by focussing on Māori Health Development, capacity, capability, and health literacy, improving access to mental health services, decreasing 'did not attends' to hospital appointments, and respiratory issues affecting children.

Our focus on Pacific outcomes incorporates seven overarching strategic priorities: child & youth health, workforce development, chronic disease management/ long-term conditions, 'did not attends', health literacy, mental health & addictions, and health of older people.

We are working on implementing the National Strategy, and Disability Action Plan 2014-18, through our plan, 'Valued Lives Full Participation'.



¹ Te Rau Hinengaro 2006

AREAS OF PRIORITY ACTION FOR 2015/16

ACUTE DEMAND

Demand for acute hospital services has increased at Hutt Valley DHB. From 2010 to 2015 the Emergency Department (ED) attendance rate to Hutt Valley has increased by around 20% (compared to a 5% increase nationally). Acute demand rates are highest amongst older adults and young children and growth has been fastest amongst children. Māori and Pacific people have higher rates than people of Asian or other ethnicity.

Acute admissions are the most significant source of pressure on hospital resources. Many acute hospital admissions are due to exacerbated or poorly-managed long-term conditions. We are pursuing opportunities to provide acute care in alternative community settings and to reduce overall length of stay by improving patient pathways.

HEALTH OF OLDER PEOPLE

Older people (65+ years) use more health services and are more likely to develop complex and long-term conditions. Our population is ageing and the prevalence of frailty (older adults who have an increased risk for poor health outcomes including falls, skin fragility, disability, hospitalisation, and mortality) will increase as the population ages. We are working sub-regionally and regionally on initiatives to protect vulnerable older people, provide good support and information for self-management, integrate and wrap services around the consumer to improve access and utilisation, up-skill our workforce, and improve communication and patient management systems.

MATERNAL AND CHILD HEALTH

Across the three DHBs, there is an increased focus on working with children and young people to support long-term outcomes of improved health and wellbeing for our population. In 2014/15 the Alliance Leadership Teams (ALT) identified child and maternal health as a key focus area; we have worked with our wider sector including Primary Care providers, Lead Maternity Carers, Well Child/Tamariki Ora (WCTO) providers and Community Oral Health Services (COHS) to plan actions and deliver improvements. We have considered quality improvement activities at the sector level rather than the service level, and support integration between services to achieve improved outcomes and improved value for money. A system that provides Better Public Services is one that has:

- Fully immunised children;
- More responsive mental health services for youth;
- Early identification and support for vulnerable children; and
- Decreasing incidence of rheumatic fever.

MENTAL HEALTH AND ADDICTIONS

'There is no health without mental health'. Mental illness remains a leading cause of health loss for our populations, particularly for those aged 15-44 years. While there have been significant transformations in mental health and addiction services in the past two decades, the challenge remains of ensuring that health services work alongside families/whānau and communities so that young people have a healthy beginning and can flourish, and all people with mental health and addiction issues can access appropriate treatment and recover rapidly. See 'Sub-Regional Activity' section below for more information about our newly integrated sub-regional Mental Health, Addictions, and Intellectual Disability Service / Te-Upoko-me-te-Whata-o-te-Ika.

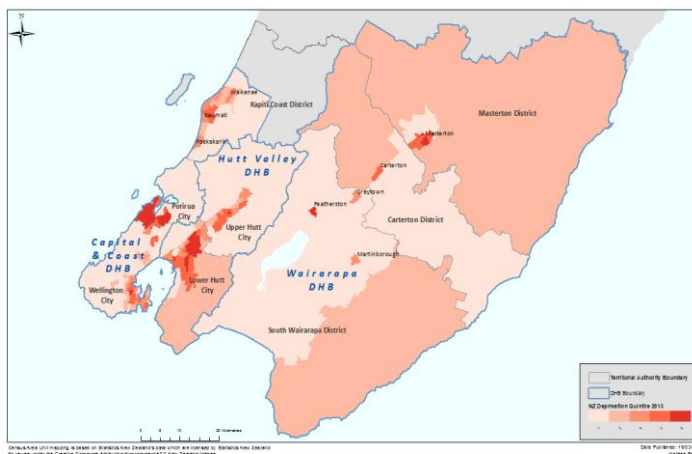
FINANCIAL SUSTAINABILITY

With all of these challenges we also have to maintain quality, safe, and sustainable services in the face of a constrained funding environment and a growing fiscal sustainability challenge. Health is a major investment of public money and accounts for more than a fifth of government spending; it is essential that this limited resource delivers the best possible health outcomes for New Zealanders. We have a very clear focus on maintaining the quality of our services and the experience of patients, and ensuring that services are accessible to all population groups. There is scope to improve the way that the system is organised and managed to achieve these goals.

A comprehensive plan is in place to address issues along the health continuum and establish sustainable clinical and financial outcomes. This plan is substantially based on productivity and efficiency as opposed to service reduction, and continues to be a revenue/cost reduction led recovery rather than a service reduction recovery. The principle continues to be that implementation occurs by Directorate and through Clinical leadership, reinforcing the development of a culture of accountability.

SUB-REGIONAL ACTIVITY – WORKING WITH OUR NEIGHBOURS

Working with our DHB neighbours and sharing staff and services helps us better treat and take care of each other's populations. It is essential that we work well together for the sake of our patients, consumers, and population, and for clinical safety and system efficiency. We also work collaboratively with our primary care partners across the region – our annual plan is developed with, and endorsed by, our Alliance Leadership Teams. Our shared focus remains on shorter, safer patient journeys - acute flow (Emergency Departments, Integrated Operations Centres, quality improvement teams) and living within our means (acute volumes, green/sustainability initiatives). Our sub-regional approach includes exploring new and different models of care and increasing our focus on how to bend the acute demand curve, including early intervention and integrated services focused on the patient and provided closer to home.



LABORATORY SERVICE

The three DHBs have created a new integrated service with a new provider that includes the Hutt Valley DHB and Capital & Coast DHB (Wairarapa DHB have had an integrated laboratory service for some years).

Patient safety and quality of services remains paramount – there will be no reduction in service or quality of services. Integrating hospital and community laboratory services is not a new concept in New Zealand, and nearly half of all DHBs have an integrated laboratory service. Our laboratory services will continue to be located in the community and at the four hospital sites – Wairarapa, Hutt, Kenepuru, and Wellington Hospitals.

By integrating laboratory services across the three DHBs, the benefits for patients and health professionals include: avoidance of unnecessary duplication of tests and patient discomfort; one consistent process to request tests and timeframes for getting results back; enable the laboratories and equipment in the region to be upgraded; and the three DHBs will all save money which will be reinvested into health services. The new integrated laboratory service commences November 2015.

GASTROENTEROLOGY SERVICE

Our three DHBs face challenges in providing sustainable gastroenterology services that meet current and expected future demand; patients have been experiencing unequal levels of access to timely colonoscopy and gastroscopy services, compounded by an increasing demand for services and specific service delivery targets.

The demand for urgent colonoscopy procedures is also expected to increase significantly with the implementation of a National Bowel Cancer Screening Programme. Therefore we initiated the sub-regional gastroenterology service in 2015 to create a model of care to reduce inequalities in access.

The key objectives are: developing a single production plan for the sub-region ensuring each DHB meets expected volume delivery, , wait-time, and access targets; developing local services to meet the needs of communities in all three DHBs; streamlining referral process, triage, and booking systems; and, standardising reporting, maximising the opportunity of a sub-regional approach to implementing Global Rating Scale (GRS).

The service will operate sub-regionally, supporting efficient use of facilities and capacity on each site and developing a system-wide approach to manage future demand. Current colonoscopy services will be maintained and Wairarapa services enhanced and improved; improvements will be in triage and delivery, and in making sure that people are seen in timely manner.

BLOOD AND CANCER SERVICES

In June 2014 the Wellington Blood and Cancer Service was successful in receiving funding to progress the design of a sub-regional ambulatory model of care. In submitting the application it was recognised that the current model of service delivery appeared at capacity, in the delivery of both inpatient and day-procedure services.

To enable us to provide sustainable high quality care, we needed to consider an integrated service approach in our ambulatory model of care for the delivery of Outpatient Care and Treatment. The 2015/16 project will investigate options for service delivery across the sub-region.

EAR NOSE AND THROAT SERVICES

Our Ear, Nose, and Throat services have been working together sub-regionally over the last several years to improve current service provision and to determine the strategic direction of services, including workforce development and recruitment.

HOSPITAL IMAGING SERVICES

Our three DHBs have been working together over the past year to develop a single sub-regional hospital radiology service which is patient focused, high quality, timely, affordable and sustainable.

The benefits of this approach include:

- Consistent level of triaging protocols will mean more clinically appropriate access to care
- Patients are more likely to be imaged at the location most convenient to them
- Building and strengthening of workforce opportunities
- Better resource planning around service developments.

A sub-regional Radiology Manager works in partnership with two clinical leadership positions: one in Wairarapa and Hutt Valley DHBs, and one in Capital & Coast DHB.

MENTAL HEALTH AND ADDICTIONS

The newly integrated sub-regional Mental Health, Addictions, and Intellectual Disability Service / Te-Upoko-me-te-Whata-o-te-Ika, was launched in February, 2015. This was the culmination of a year's work that included engagement with staff and formal consultation that generated development of the preferred service model. Integration is enabling the implementation of single acute adult model of care (by June 2016) and a single youth model of care (by August 2015).

An underpinning design principle is that services are located in local communities where they can best respond to local needs. Benefits from local system integration include:

- a cohesive Service Leadership Team, and Clinical Governance structure, with clearer accountabilities
- sub-regional DHB services operating seamlessly ('no boundaries') for clients
- standardised practices across DHBs, especially with policies and procedures for consistency of care
- clinical expertise and knowledge shared across the sub-region
- single point of entry, clear pathways, clarity of patient journey through the system, equity of resources
- strengthening of our Improvement and Development systems and capabilities – quality, research, learning, training, information flow, and clinical governance.

The integration is aligned to the priorities of the Health Ministry's Health Framework Blueprint II: How things need to be (which describes how our approach, systems of care and results need to evolve over the next decade) and goals within Rising to the Challenge. The Triple Aim also underpins the integration intent towards a single service.

SUSTAINABILITY – THE ENVIRONMENT

As part of our approach to ensure service sustainability, we are also looking at the sustainability of our environment. In 2015 the sub-regional Chief Executives endorsed a proposal to create a sub-regional Energy Management Programme aligned to ISO 50001.

To facilitate this, two sub-regional roles were formed - an Energy Manager and a Controls Systems Engineer, both of which are critical to the success of an energy management programme of such a large scale. These roles will enable us to achieve our energy reduction target of at least \$700,000 (10% of current energy spend) over the next two years.

Previous projects have shown that significant savings are possible, with two projects in 2015 delivering \$340,000 per annum of sustainable, energy reduction savings. As part of the Energy Management programme, the sub-regional Energy Efficiency Statement of Intent outlines the short- and medium-term objectives that have the potential to lead the DHBs towards combined energy reductions of greater than 40% by 2021.

This document as the guiding objective will assist with maintaining support of EECA for the utilisation of Grants and very low interest Crown Loans that are necessary to support a successful Energy Management Programme.

OUTCOMES FROM OUR WORK ACROSS THE HEALTH SYSTEM

As the major funder of health, wellbeing, and disability services in our district, we work to create, and maintain, positive changes in the health of our population. As our decisions about which services to fund have a significant impact on the health of our population and contribute to the effectiveness of our entire health system, we must measure the impact of our funded initiatives. Whilst impacts are generally measured in the medium term, progress toward improving the health of our population is measured on three different timescales: long-term outcomes (5-10 years), medium-term impacts (3-5 years), and short-term outputs (1 year).

When we deliver our outputs we can expect to see over time improvement in our medium-term impacts, which in the long-term, will lead to progress toward our outcomes. It is important to note that these outcomes are progressed not just through the work of the District Health Boards, but also through the work of all of those across the health system, social services, and whole of government.

